



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

RE-EXAMINATION APPLICATION

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Social Security# _____ - _____ - _____ Email: _____

Telephone: Business (____) _____ Residence: (____) _____ Cell: (____) _____

(Please check the correct box)

I am requesting to retake the written examination for: ☐ Registration Fee: \$150.00
☐ Certification Fee: \$200.00
☐ Licensure Fee: \$200.00

The following changes have occurred since the original application for Registration/Certification/Licensure:

For Board Use Only

PV#: _____

Date: _____

AMT: _____

Signature: _____

Date: _____

Fee Submitted with this application is: _____